



MARC

Medication
Assisted
Recovery
Center
OTP



Client Handbook



WELCOME

Health Solutions: Your Health Is Our Priority

Welcome to Health Solutions Medication Assisted Recovery Center!

Your complete health and wellness are our highest priority. Our journey together includes a personalized approach to medical, behavioral, and wellness services to enhance your quality of life.

Our staff members are here to welcome you and provide individualized services as we develop your health plan. We are committed to a high level of care paired with a personal delivery that is second to none.

Health Solutions MARC is excited to be leading the movement of whole-person integrated health care in our approach to healing.

We are dedicated to improving the quality of healthcare based on what our clients value most: healing, compassion, access, and confidentiality. Our expert providers know you need clear information from caring professionals willing to involve you in developing your personalized health plan.

Our knowledgeable staff also know that sometimes health decisions can be upsetting. Be confident; we are here to be an active partner in your care. We offer a wealth of expertise and treatment options designed for access and cost-effectiveness. Beyond treatment options, Health Solutions MARC also provides care coordinators that act as your personal resource for any needs you may have in navigating the healthcare system.

You can use this care journal as a quick way to find lists of our services, important phone numbers, and other helpful information that helps make your health journey easier!

If you have a question or concern at any time, please reach out to Health Solutions MARC staff member. Helpfulness is part of our nature, and your question will be met with care, compassion, and expert knowledge.

Thank you for selecting Health Solutions MARC for your health and wellness needs. If there is anything we can do to improve your experience, please let us know.

Sincerely,

Jason Chippeaux
President and CEO



Jason Chippeaux
President/CEO



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LOCATION, HOURS, AND CONTACT INFORMATION

Location

41 Montebello Road, Suite 120, Pueblo, CO 81001

Contact Information

Program Sponsor: Priscilla Dostal

Phone Number: 719-423-1500, Press 2

After Hours Contact Information:

If you have a medical emergency at any time, do not call the MARC. CALL 911 FOR ALL MEDICAL EMERGENCIES. If you need to speak with MARC OTP Staff, please call 719-470-8178 to speak to the on-call staff. We would appreciate it if you do not call after hours for matters that can be solved during normal business hours. For other psychiatric needs you can call the Colorado Crisis Services, 844-493-8255, or the Crisis Living Room at 719-545-2746 or 1302 Chinook.

Dispensing Days and Hours

Monday through Friday: 5:30AM - 11AM

Saturday: 6AM - 9AM

Sunday: Closed

Open Access

Monday through Friday: Starting at 6AM first come, first served

Business Hours

Monday through Friday: 6 AM - 5 PM

Saturday and Sunday: No Counselors

Holiday Closures

- New Year's Day, January
- President's Day, February
- Memorial Day, May
- Independence Day, July
- Labor Day, September
- Thanksgiving Day, November
- Christmas Day, December

WHY DO I NEED A MARC CLIENT HANDBOOK?

IT IS VERY IMPORTANT THAT YOU READ AND UNDERSTAND YOUR MARC CLIENT HANDBOOK. PRIOR TO BEGINNING YOUR TREATMENT, YOU WILL BE ASKED TO SIGN A STATEMENT SAYING, "I HAVE READ AND UNDERSTAND THE MARC CLIENT HANDBOOK."

This handbook is designed to educate you about the MARC rules and regulations. Our staff will thoroughly answer all your questions during the orientation/assessment process. Today you are taking a step in the direction of recovery, be confident that you are gaining a tool that can lead you to a new life of wellness. Be encouraged to trust the process as you embark on this journey to overcome the battle of addiction. You have come to this program because you are seeking change in your life. Not only will you find that you are not alone in this battle, but you will also come to see that there have been many to walk this road before you who have triumphed. You are being connected to a strong support network of health care professionals. All who will be involved in your care here at Health Solutions whether it be the doctor, therapist, case manager or peer supporter, have your best interest in mind. Rest assured that you are in safe hands and allow yourself to be taken care of. Hope is here and your change is coming, keep holding on you deserve this. The MARC is licensed by State and Federal regulatory authorities to dispense methadone to treat Opioid Dependency. We also need your assistance in helping our staff meet all the Federal, State and Local regulations that the MARC has to follow.

WHAT IS THE MARC?

Health Solutions' Medication Assisted Recovery Center (MARC) OTP offers medications such as Methadone, Buprenorphine/Naloxone (Suboxone), in combination with important rehabilitative services to help you in your long-term recovery, and to live a drug-free and productive life of your choice. Our full range of services include therapy/counseling, case management, physical health testing, as well as education about overdose risk, and infectious disease prevention. If other medical needs or concerns arise, medical care should be sought from your primary care physician.

The Medication Assisted Recovery Center (MARC) OTP is a non-hospital program that has been found to successfully treat addiction or dependency to opioids such as prescription pain killers, heroin, or fentanyl.

GENERAL INFORMATION ABOUT METHADONE

The MARC OTP uses the federally approved synthetic opioid Methadone. Methadone removes the physical reasons that cause you to continue using illegal opioids and are effective in the following ways:

- Methadone is taken orally, rather than by injection. Therefore, Methadone frees you from the dangerous practice of “shooting up”.
- Methadone is very long acting. You will need to take Methadone only once a day.
- Methadone lasts from 24-36 hours.
- Methadone takes effect slowly. Because the drug has a slower and more gradual onset of effects, you will not get a “rush”. This helps break the addiction to the “rush”.
- Methadone's side effects will lessen as your treatment progresses.
- Once you are stabilized at a therapeutic level, you will look, act, and feel drug-free.
- Methadone prevents withdrawal symptoms, reduces hunger/craving, and blocks the effects of illicit opiates.

Please make sure you understand the implications of using Methadone before you begin treatment. Remember, Methadone is a great tool, it is not treatment by itself and must be combined with other clinical services in order to be effective.

GENERAL INFORMATION ABOUT SUBOXONE

Suboxone® (a tablet or strip with buprenorphine and naloxone in it) is an FDA approved medication for treatment of people with heroin or other opioid (prescription pain medication) addiction. Buprenorphine can be used for detoxification or for maintenance therapy. Maintenance therapy can continue as long as medically necessary.

- **You should be in as much withdrawal as possible when you take the first dose of buprenorphine. It you are not in withdrawal; buprenorphine can cause severe opiate withdrawal.** Buprenorphine/naloxone strip must be held under the tongue until it is dissolved completely. **If you swallow the strip, you will not have the important benefits of the medication, and it may not relieve your withdrawal.**
- Most patients end up at a daily dose of 12/3-16/4 mg of buprenorphine. Beyond that dose, the effects of buprenorphine plateau, so there may not be any more benefit to increase in dose. It may take several weeks to determine just the right dose for you.
- Some patients find that it takes several days to get used to the transition from the opiate they had been using to buprenorphine. During that time, any use of other opiates may cause an increase in symptoms. After you become stabilized on buprenorphine, it is expected that other opiates will have less effect. Attempts to override the buprenorphine by taking more opiates could result in an opiate overdose. You should not take any other medication without discussing it with the physician first.
- The form of buprenorphine (Suboxone®) you will be taking is a combination of buprenorphine with a short-acting opiate blocker (naloxone) in a 4 to 1 ratio (4 mg of buprenorphine to 1 mg naloxone). **It will maintain physical dependence**, and if you discontinue it suddenly, you will likely experience withdrawal symptoms. If you are not already dependent, you should not take buprenorphine, it could eventually cause physical dependence.

METHADONE SIDE EFFECTS

Methadone side effects are usually minimal and short-lived. They most often occur in the early stages of your treatment. Most clients experience no severe side effects; however, you should avoid activities requiring mental alertness such as driving or operating hazardous machinery until you know how methadone affects you. Please read the list below and notify medical staff if you experience any symptoms of these side effects.

- The most frequently observed negative effects are light-headedness, dizziness, extreme tiredness, nausea, vomiting, sweating, ankle swelling, or skin rash.
- Much less often, negative side effects may include: restlessness, malaise, weakness, headache, insomnia, agitation, disorientation, visual disturbance, constipation, dry mouth, flushing of the face, low heart rate, faintness and fainting, problem urinating, changes in sexual drive, irregular menstruation, joint pain, joint swelling, and numbness and tingling in hands and feet.
- Methadone is a medication that produces dependence and has the same side effects as other opiates. Overdose may cause sedation and/or respiratory and cardiac depression. If you have difficulty breathing, chest pains, or other serious symptoms, call 911!

SUBOXONE SIDE EFFECTS

Possible adverse side effects:

- Headache
- Stomach pain
- Constipation
- Vomiting,
- Difficulty falling or staying asleep,
- Sweating,
- Injection site itching and injection site pain.

Unlikely but serious side effects – notify doctor IMMEDIATELY.

- Hives
- Skin rash
- Itching
- Difficulty breathing or swallowing
- Slowed breathing
- Upset stomach
- Extreme tiredness
- Unusual bleeding or bruising
- Lack of energy
- Loss of appetite
- Pain in the upper right part of the stomach
- Yellowing of skin or eyes
- Flu-like symptoms
- Mental/mood changes
- Abdominal pain.

METHADONE OVERDOSE: WHAT YOU NEED TO KNOW

What to Do for a Methadone Overdose

Take Immediate Action.

If there are possible signs/symptoms of overmedication or overdose, determine if the person is responsive. Shout their name, pinch their ear, or rub your knuckles on their breastbone to arouse them. Call 911 immediately. If Narcan is available, administer promptly. To receive education on Narcan and overdose prevention, please speak with your primary counselor.

The most important thing to do in the case of an overdose is call 911!

Signs and Symptoms of an Overdose

- Unusual sleepiness, grogginess, drowsiness
- Slow heartbeat, or lowered blood pressure
- Slow or shallow breathing
- Mental confusion
- Slurred speech or intoxicated behavior
- Pinpoint pupils
- Unusual snoring while asleep
- Difficulty arousing the person from sleep
- Fingernails or lips turning blue/purple
- Body is limp
- Vomiting or gurgling noises
- Cannot be aroused or unable to talk
- An often unrecognized symptom of Methadone overmedication is unusual feelings of excess energy with or without euphoria.

METHADONE and SUBOXONE DRUG INTERACTIONS



Did you know?

There are certain medications that cannot be used when on Methadone or Soboxone and will lead to severe withdrawal or unpredictable interactions. Share your medication list with the MARC any time there are changes.



Don't mix

It is never safe to use alcohol or unapproved benzodiazepines when taking Methadone or Suboxone.

Excessive use can cause breathing to stop, resulting in coma or death.



Benzodiazepines

The misuse of Benzodiazepines with Methadone or Buprenorphine can increase the risk of respiratory depression and the risk of death by overdose. Any client who is prescribed a Benzodiazepine shall not have a dose exceeding 150mg of methadone or 12mg of Buprenorphine daily. Clients who are transferring to the OTP or requesting guest dosing and have an active prescription for a Benzodiazepine shall not be accepted if their methadone daily dose is greater than 150 mg or 12mg of Buprenorphine. OTP staff shall create a treatment plan with the client that shall have conditions around taking a benzodiazepine. These conditions may include a short medication supply, more frequent urinalysis testing and more frequent appointments, in addition to any other conditions deemed appropriate by staff. The prescriber can determine if the client requires a medically supervised withdrawal, outpatient medically supervised withdrawal, or to be tapered from Benzodiazepines.



Blockers

When an individual is physically dependent on opioids, the use of any medications known as opioid blockers will cause acute withdrawal symptoms. The severity of these withdrawal symptoms will depend on how physically dependent a person is on opioids and the dosage of the opioid blocker administered. Examples of opioid blockers are Tramadol, Naltrexone (Narcan), Nubain, Stadol, Talwin and Buprenex.

All Methadone clients should avoid opioid blockers. A client who ingests other drugs or substances during Methadone treatment may run the risk of overdose, coma and even death.

ADMINISTRATIVE PROCESSES



VALID IDENTIFICATION

One of the following valid photo identifications are required for the MARC admission:

- State driver's license, state-issued temporary or provisional licenses with photos
- State-issued identification card
- Military-issued identification card
- Valid U.S. Passport
- Permanent Resident Alien Card
- Certificate of U.S. Naturalization

*If you do not have any of the valid forms of identification listed to the left, you can provide **all** of the following items:*

- a. Social Security Card
- b. Birth Certificate
- c. Utility bill with name and address
- d. Signature

RULES

Health Solutions expects cooperation and compliance with the treatment protocol including:

- Attending the MARC for every expected medication dose
- Attend the MARC's orientation training
- Participating in individual counseling
- Working with your counselor on periodic individualized treatment plans
- Informing all outside medical providers and prescribers of participation in the MARC
- Signing releases of information for coordination of care, as required by the state and as deemed appropriate by you and your counselor
- Registering all prescription medications with the nurse within 24-hours of being prescribed
- Abstaining from alcohol, other mood and mind-altering drugs and non-prescribed drugs
- Participating in random urinalysis testing a minimum of once per month
- Accepting a Mantoux TB Skin Test to all new clients to screen for the possible presence of Tuberculosis
- Maintaining a safe and peaceful environment. Persons causing a disturbance will be asked to leave. If they refuse to leave then security will be notified to assist and escort off of Health Solutions property.

TOBACCO FREE CAMPUS

Health Solutions prohibits the use, or sale of any nicotine/tobacco products including electronic and vapor devices, in or out of your vehicle while on Health Solutions property. If you wish to use nicotine/tobacco products while at a Health Solutions facility, you are required to go out to the public sidewalk next to the public street to do so.

INFECTIONS DISEASE INFORMATION/EDUCATION

Testing will be provided to clients per state Regulations for the following Gonorrhea, Syphilis, HIV, and any other tests your provider deems necessary all results will be reviewed with your provider. Additional counseling and resources for needs will be provided if determined necessary by your treatment team.

SAFETY AND EMERGENCIES

The MARC has several protocols, such as CCTV and on-site security, to maintain safety at all times. Please follow posted diagrams for exits, fire extinguishers, and first-aid kits. Please follow instructions provided by MARC or emergency personnel in all emergencies.

In case the MARC closes due to weather or other circumstances, you may dose at Crossroads Turning Points Inc. (719-546-6666), Colorado Treatment Services (719-569-7796) or Elevate Healthcare (719-696-9027). Please contact them for hours, locations, and for information on any possible fees. You will be notified of the MARC closing as soon as possible. Please make sure that you keep your phone number up to date with MARC staff so you can be notified of closures in a timely manner.

In case of a medical emergency, MARC staff will call 911, for appropriate treatment which could include transportation via ambulance to the nearest emergency room.

PAYMENT SCHEDULE

Fee schedules will be given to you and will be available in the MARC waiting areas. Payment is due at the time of service. No checks are accepted or refunds given without prior approval. Sliding Fee assistance is provided to all qualifying and compliant clients. See front desk for more information and applications.

Some insurance companies will cover Methadone, Suboxone and Vivitrol treatment. Please contact your insurance company for more information. In the event that your insurance company covers your treatment, we will provide you with the paperwork necessary for reimbursement.

FAILURE TO PAY MEDICATION MANAGEMENT TREATMENT FEES

You have an obligation to pay for services provided by the Health Solutions MARC. If you are unable to pay for services, you will not be able to dose until payment has been made. You may also lose your take-home dose(s) failure to dose for 7 days will result in a discharge from the MARC. If you experience financial difficulties, you may contact your counselor for advice.

MEDICATION POLICY

Health Solutions MARC staff will review all medications that you are currently taking. You will be required to physically bring in all current medications to your intake and monthly so MARC staff can verify the medications and evaluate for negative drug interactions. When you receive a prescription from an outside source, you must present the prescription to the nurse within 24 hours. The prescription will not be taken from you. Your nurse will make a copy of the prescription, record the prescription in your chart and notify the MARC Physician. Our MARC physician, and qualified medical staff will be glad to discuss any prescription medication with you at any time.



You must also sign a release of information for any outside physician or medical professional who is prescribing medications. Failure to do so is grounds for suspension from the Medication Assisted Recovery Center (MARC).

You should not use any un-prescribed or recreational/street drugs. Do not use any prescribed opioids, any type of tranquilizer (e.g. antipsychotic drugs, barbiturates, benzodiazepines), tri-cyclic antidepressants, or any other sedating drug without notifying and obtaining permission from the MARC Physician.

PRESCRIPTION DRUG MONITORING PROGRAM

The Prescription Drug Monitoring Program (PDMP) is a statewide database that tracks prescriptions of controlled substances. Pharmacies are required by the state of Colorado to report all prescriptions of controlled substances that they dispense to this database. This database is used by Health Solutions MARC to monitor your monthly prescription use during admission, prior to phase increase, if we feel you may be Doctor shopping or are abusing the medications you are prescribed. This database can be accessed only by clinic doctors or permitted staff per Federal Guidelines with or without your permission.

CENTRAL REGISTRY INFORMATION

Information will be provided to the State Central Registry at admission, discharge and periodically during treatment to verify enrollment. Central Registry is located within the Office of Behavioral Health and is confidential.

ATTENDANCE

Each client is expected to come in daily for dosing of medication as well as regular attendance with their primary counselor and prescribing physician. If dosing or appointments with provider and counselors are missed continuously it can result in treatment plan changes to include dose changes or discharge. The late policy is 10 minutes if you are more than 10 minutes late you will have to reschedule.

CLIENT INPUT

The MARC encourages your input regarding your treatment, care, services, and treatment plan. We encourage the use of our client satisfaction survey that is both voluntary and anonymous.

LOITERING

Loitering on clinic premises is prohibited. You should enter the MARC immediately upon arrival and remain in the waiting area until called. You should leave the MARC and adjacent area immediately upon completion of services. Consistent loitering may result in staffing with the MARC treatment team.

CHILDREN

Children will be allowed in the MARC waiting area only, not near dosing windows. Children under 12 are not permitted to be left unattended anywhere, including in vehicles on Health solutions property. You are responsible for your child (children) behavior at all times.

FOLLOW UP AFTER DISCHARGE

Upon discharge, after giving proper and written consent, you will receive a follow-up call from the MARC staff in order to access your on-going status and help with any current needs.

DRESS CODE



Health Solutions MARC believes that part of recovery is taking care of oneself, therefore a dress code will be enforced:

Skirts or Pants/shorts, and Shirts are required. Clothing shall not advertise drugs, alcohol, violence or gang affiliation. Slippers, pajamas, bath robes or clothing that reveals back, chest, stomach or undergarments shall not be allowed. Any clothing that may be distracting to client treatment shall not be allowed. You can be asked to leave and change before returning.

It is important that you do not wear SUNGLASSES and HATS prior to presenting at the dispensing windows for medication. Doing so prevents the nursing staff from checking for pupil dilation prior to medication.

METHADONE TREATMENT

ADMISSION CRITERIA

We offer treatment to clients who are 18 years of age or older and are addicted to or dependent on opioids. You must have a 1-year history of addiction, except if you are pregnant. You must be medically able to tolerate the approved opioid medications. client must enter and participate in treatment voluntarily, and may terminate treatment at any time without reprisal or penalty at any time.

INELIGIBILITY

If you do not meet admission criteria, you will meet with a member of the MARC clinical staff to discuss reasons for ineligibility. If you sign the appropriate release of information (ROI) and would like the information shared, your family/support system or referral will be notified of The reasons for ineligibility. The MARC clinical staff will discuss alternative treatment options with you and will make the appropriate referrals as needed.

INTAKE OR THE FIRST CONTACT

The “intake process” consists of a clinical evaluation, a medical assessment and a physical exam. As part of the physical exam, blood is collected for lab testing, a tuberculosis skin test (PPD) is completed, and any other tests that are deemed necessary. A urine sample is required at the time of admission to verify opiate drug use and rule out recent benzodiazepine use. If you test positive for a benzodiazepines you will be assessed further by the MARC physician to determine if Methadone is appropriate and to specify dose level and assessment of benzodiazepine need. All admissions are contingent upon both Federal guidelines and physician approval.

At the time of intake you will be asked to sign a consent to treatment form.

ORIENTATION

Orientation to treatment will occur at time of admission after you have overcome intoxication and withdrawal and are stabilized. Orientation to treatment includes continuous education via multiple modalities, e.g. verbal, written, video, in individual and/or group settings. You will be expected to complete 1 orientation sessions with your counselor to cover in-depth key program information within the first 30 days of treatment.

TREATMENT PLANNING

You are required to attend counseling group and individual sessions, and other psychiatric services as per your treatment plan.

Your clinician will work with you to develop a treatment plan based on your strengths and weaknesses, and cultural needs. Goals will be specific, measurable, realistic, attainable, and centered on your needs. A formal treatment plan review will be completed at a minimum of every 90 days.

COUNSELING

As required by federal and state guidelines, behavioral health counseling and therapy services will be provided by Health Solutions MARC staff. Behavioral health counseling and therapy will be delivered within business hours Monday – Friday 6 AM to 5 PM, except in the case of a crisis. In the event of a crisis, you will be referred to Crisis Services, made available 24 hours, 7 days a week, 365 days per year, where qualified staff can assess risk and establish a safety plan, if needed. Individual counseling will take place a minimum one-hour session every 30 days is required to remain active in the program, although does not meet treatment expectations. Thereafter the number of sessions will be determined by you and your counselor based on treatment goals.

PREGNANCY

Methadone treatment during pregnancy may result in unknown risks to the client and unborn child. You MUST inform an MARC staff member immediately if you become pregnant, or suspect that you may be pregnant. You will be pregnancy tested at admission and appropriate intervals during treatment. You will be pregnancy tested immediately prior to initiating a voluntary or involuntary medically supervised

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withdrawal. If the result of the pregnancy test is positive, you must have a physical examination by a clinical provider within 14 calendar days, the MARC physician must certify that you may remain in the maintenance program. If you are pregnant, you must also receive (and provide proof of) regular prenatal care on an outpatient basis. The MARC is required to keep the agency or physician who provides prenatal care informed and therefore needs to have a signed release of information (ROI) in place.

ILLNESS OR HOSPITALIZATION

You are encouraged to report any illness to the MARC staff. When appropriate, an appointment will be made with the clinic physician. In the event of a medical emergency, staff will assist with any referrals necessary. If you are going to be hospitalized for any reason, inform the MARC staff in advance. In case of an emergency hospitalization, you should try to have a physician or hospital staff member contact the MARC for continuity of care. Upon discharge from the hospital, you MUST present to the MARC, any discharge paperwork that includes diagnoses, treatments received, length of stay and medications administered and/or prescribed. Failure to authorize medical staff access to this information will result in a delay of treatment. Any unused methadone that would have been consumed during your stay in the hospital will need to be destroyed. Please bring in all unused Methadone to the MARC for verification of destruction. Financial credit will not be given for unused Methadone.

NAUSEA OR SICKNESS

If you are experiencing nausea (upset stomach) either before or after ingesting medication, you will remain in the clinic area for 30 minutes for observation and medical monitoring. If you vomit after taking medication, you will notify a staff member. In this event, the medical staff has the option to examine the vomit to re-medicate if deemed safe and appropriate. You may be required to have a medical examination. You will not be re-medicated if vomiting occurs after leaving the MARC grounds.

MAINTENANCE PROGRAMMING

Maintenance Programming consists of receiving Methadone or other federally approved medications over an extended period of time. You may participate in the program, as long as you are following clinic protocols and procedures. Medications are dangerous if ingested by a child or adult for whom the medication is not prescribed. Prior to receiving any take-home medication, you will be instructed in security measures. Medication is for your personal use only and is never to be shared with any other individual. Medication, if not ingested, must be returned to the clinic on your next visit. Misuse of medication may result in termination of the client's participation in the clinic and may also result in criminal prosecution.

DOSING

1. You will need to check-in at the kiosk and may be asked to provide an ID before receiving your dose.
2. Please wait in the lobby until your number is called to avoid interrupting others who may be dosing.
3. Initial dose of medication will be supervised by the MARC's doctor or appropriately designated medical staff. This information will be recorded in your medical record.
4. Dosing will not be permitted until you have provided your urine sample and can provide you sticker to the nurse at the window. Failure to provide before 4 pm on the day your color is called will constitute a positive UA and you will be required to provide before dosing the following day.
5. Only one person at a time will be allowed at the dosing window. All bags/purses/jackets/and other similar items should be placed in the designated area directly behind the dosing window.
6. Dosing window expectations are as follows:
 - No bending over until the dose has been consumed and the recital of a pre-determined script has been completed.
 - Hands must remain on the dosing counter until the recital of the pre-determined script has been completed.
 - Coughing or sneezing during consumption of the dose may be considered potential diversion behavior and should be avoided at all costs.
7. All dosing is observed at the dosing window by approved dosing staff with a liquid form of methadone. It will be followed by a small amount of water and then you will be asked to recite a pre-determined script to ensure you have swallowed your entire dose. NO food or drink is allowed at the dosing window.
8. It is the client's responsibility to check their take-home bottles at the window to ensure they are sealed properly before leaving the clinic. If they leak once outside the clinic they cannot be refilled or dosed again.

DOSE INCREASE/DECREASE REQUEST

Dose increases and decreases must be requested before dosing, let the front desk know you would like to see your counselor to fill out the request. Once the form is complete the nurse will check your vitals and the request will be turned into the provider for approval. Your provider may request an appointment before approval and requests can take up to 48 hours to be approved (dependent on provider availability).

DRUG SCREENS

The purpose of drug screen is to assist you in your treatment. They are used as a measure of success in your sobriety and as a way of helping the clinic monitor your safety while on Methadone. Drug Screens are not used as a means of punishment or retribution. Please remember that you are here voluntarily.

1. You will be required to provide a drug screen before being dosed on your random drug screen day. You may be asked to provide anytime you are in the clinic so be prepared at all times. You will have 2 random UA's a month for the first 90 days of treatment and one per month thereafter unless otherwise determined by the treatment team.
2. It is your responsibility to call or check the website daily and be prepared to provide a sample when you arrive at the clinic. The day a color is called it will be posted at the kiosk where you check.
3. Failure to provide a urine specimen before 4pm will constitute a positive result, and you will be expected to provide a specimen the following day in order to receive your medication.
4. Positive test results and/or negative results for the medication administered or dispensed will be considered an unapproved analysis and will result in the loss of all/ or some take home or other privileges.
5. Failure to provide an adequate specimen for drug analysis will be considered as an unapproved result and will affect take-home status or other privileges
6. Attempts to alter a specimen for drug analysis will result in the removal of all/some take-home or other privileges. Repeated attempts to alter samples will result in administrative detox.
7. A specimen for drug analysis will be requested the day following an extended absence or guest dosing at another clinic (at your cost) or at any time during treatment.
8. Continuous drug use will result in treatment plan or dosing changes, in addition to staffing with the MARC Treatment Team to determine if you will be able to continue with treatment.
9. Dilute urine drug screens will be treated as a positive result.
10. Be advised that some over-the-counter medications used for colds may create a positive urine screen result. Please feel free to ask the medical staff what you may take for a cold that will not show up in your drug screens. In general, it is good advice to avoid over-the-counter medications, vitamins and homeopathic compounds unless you have consulted medical staff first to avoid interactions with your methadone. Just because you do not need a prescription to buy them does not make them always safe to take while on Methadone.
11. Bringing in over-the-counter medication will not be accepted as a reason for having a positive drug screen. Do not take something if you do not know what is in it! If you have any questions or concerns contact our medical staff or your counselor.

CRITERIA FOR TAKE HOME MEDICATION PRIVILEGES

A Take-Home Dose is an unsupervised dose that is taken away from the clinic. Take home doses are a privilege and are granted at the discretion of the clinical, medical and administrative staff following state and federal guidelines.

The following criteria must meet all the following criteria plus each listed under the phase being requested:

1. Regular clinic attendance (no missed counseling/doctors appointments, total of 1 hour per month and no missed dosing)
2. Compliance with OTP policies and procedures (TX plan updated)
3. No known recent criminal activity
4. Competence to safely handle take-home doses
5. Absence of serious behavioral problems at the clinic (within 30 days of request)
6. Stable living environment
7. Stable social relationships
8. Prescription drug monitoring shall be used upon transition of each phase documented in the chart.
9. Absence of illicit drug use (including alcohol)
10. Agreement signed that client will not administer to anyone other than self, and will not dispense, sell, buy or divert methadone (Federal law prohibits the transfer of this medication to anyone other than the client for whom it was prescribed);

Even if you do not wish to gain take home privileges you are still required to follow program protocol. This means you must attend group and individual counseling per your treatment plan.

All take home medication must be kept in a tamper-proof, locked box. (phase 3 or higher)

It is your responsibility to store your medications safely. Bring your methadone in your locked box when you see the nurses. Do not store or leave your medication in your car. Should your medication be stolen, you must file a police report and provide proof to the clinic staff. Per state policy only pregnant women will have their medication replaced. ***Clients reporting loss or theft of take-home doses shall not be provided replacement doses or daily dose, until the day after the last take-home dose would have been taken.***

You will qualify for each phase sequentially and must, at minimum, meet all phase requirements outlined by Health Solutions, in addition to length of time for each phase. Achievement of the following criteria does not automatically grant you the following privileges:

Phase Level	
Phase 0	Daily dosing with one take home bottle on Sunday or Holidays when the clinic is closed.
Phase 1	After individual has completed the first ninety (90) consecutive calendar days of treatment and most recent (1) toxicology screen is negative, client would be permitted one (1) additional take-home dose besides Sunday per week as long as all other criteria is met.
Phase 2	After individual has completed four (4) or more consecutive months in treatment, and the most recent two (2) consecutive toxicology screens/urines drug screens are negative. Would be permitted two (2) additional take-home doses per week besides Sunday as long as all other criteria is met. Individual shall receive no more than two (2) consecutive calendar days of take-home doses.
Phase 3	After individual has completed six (6) or more consecutive months in treatment, and the most recent three (3) consecutive toxicology screens/urine drug screens are negative. Would be permitted three (3) additional take-home doses per week besides Sunday as long as all other criteria is met. Individual shall receive no more than two (2) consecutive calendar days of take-home doses
Phase 4	After an individual has completed nine (9) or more months in treatment and the most recent four (4) consecutive toxicology screens/urine drug screens are negative. Would be permitted five (5) additional take-home doses per week besides Sunday as long as all other criteria is met.
Phase 5	After an individual has completed one (1) or more years in treatment and the most recent eight (8) consecutive toxicology screens/urine drug screens are negative. Would be permitted thirteen (13) take-home doses per two-week period. State approval is required.
Phase 6	After an individual has completed two (2) or more years in treatment and the most recent eight (8) consecutive toxicology screens/urine drug screens are negative. Would permit twenty-eight (28) to thirty (30) take-home doses per month. State approval is required.

Reduction means the loss of Take-Home dosing privileges. A phase reduction is when a phase may be reduced by one level under the following circumstances:

1. Missed/unexcused counseling appointment
2. Missed/ unexcused dosing
3. Missed/unexcused appointments with the Doctor
4. Positive drug screen/positive due to missed UA
5. Unacceptable clinic behavior.

You are eligible to apply for reinstatement of your phase 30 days after it has been reduced at the discretion of the treatment team and dependent on the reason for reduction.

CALLBACKS

The nursing staff will contact you at least once every 3 months and ask you to return to the MARC with your empty bottles and any unused medication. A failed call back will result in the loss of all take home privileges. You must return to the clinic no later than 24 hours (48 if you live more than 300 miles). It is also your responsibility to ensure that the nursing staff has your correct phone number it is not our responsibility to ask you if you need to update your records.

If you are going to be out of town you must inform medical staff in writing and or in person that you will not be available for a callback during that period. You may fax out of town dates to the clinic and or email the appropriate medical staff members at least 24 hours prior to unavailability and or out of town dates.

DRUG USE

During your orientation to the MARC, you will be informed of Health Solutions' MARC drug use policy. If you are suspected to be under the influence of alcohol or other substances, the following procedure will be implemented:

1. MARC staff member will speak with you individually and discuss observable and/or objective evidence (i.e.: dilated pupils, the odor of alcohol on a breath, slurred speech, etc.)
2. You and a MARC staff member will discuss the circumstance therapeutically and assess/ identify additional supports that you may need.
3. MARC staff member may have you submit a urine drug screen or a breathalyzer test.
4. MARC staff member has the authority to end the service at that time as necessary.
5. The MARC staff member will offer to assist you in calling a ride to pick you up. If you insist on driving home, you will be advised that if you do indeed leave the authorities will be contacted.
6. In the event that you still insist on leaving, a license plate number and description of the car will be noted and given to the proper authorities.

BOTTLE DISPOSAL

All empty bottles that contained take home medication (including Sunday take homes) must be returned to the clinic clean on your next dosing day with the proper label on it. Clients who do not return their take home bottles may be required to attend the clinic on a daily basis, be subject to a phase reduction or attend a staffing with the MARC Treatment team.



DOSING EXCEPTIONS AND GUEST DOSING

Exception doses are doses that may be consumed outside the MARC. If you are requesting these privileges, you must be in treatment compliance (no positive Drug screens) and not at risk for diversion. Doses must be approved by the State Methadone Authority. Exception doses must be requested no later than two weeks in advance unless it is an emergency. Only emergency dosing exceptions will be granted on Saturdays and Sundays at the Clinic Administrators discretion.

Guest Dosing is a process where a person in Health Solutions may be able to dose at another clinic; either in the state, or out of the state to maintain the continuity of care for their Health Solutions. There is typically a fee charged and a specific process set up by the host clinic with receiving clinic in order to do this.

If you wish to dose away from the MARC due to work or personal reasons, you may guest dose at a clinic that is close to the area you are staying. Guest dosing orders must be requested at least three weeks in advance or earlier around an upcoming holiday, unless it is an emergency. It is your responsibility to contact the receiving (away clinic) to get all the needed information for guest dosing (hours, fees, fax number, etc.) before putting in the request to your counselor. The following may also apply:

- A travel arrangement within the first 30 days of treatment is prohibited with the exception of a medical emergency, or death of an immediate family member (documentation is required).
- Clients with mental/medical instabilities, who's most recent drug screen was positive for illicit substances, that are on a behavioral contract or administrative taper will not be approved for guest dosing.
- Guest dosing is not permissible for more than 13 consecutive days. Guest may receive medication for up to 28 days. To continue receiving medication after 28 days, the guest must be admitted to the service. Individuals receiving guest medications as part of a residential treatment service may exceed the 28-day maximum time limit.

ONGOING ASSESSMENTS AND CLIENT DISCHARGE

You will have on-going assessments with Clinical Staff to assess your current status and progress in treatment. Clinical staff, with input from you, may determine that you have completed the anticipated goals for treatment, and that you are ready to transition to another level of care, or transition out of treatment. If this occurs, Clinic Staff, with input from you will develop a discharge plan guiding this process.

If you have not attended the clinic for three (3) or more days, you will be sent to the primary counselor to explore the reason for this absence and your dose will be reduced for safety. Absences can result in dose changes, treatment plan changes or staffing with the treatment team. You will be discharged after not attending the clinic for 7 consecutive days. This procedure applies even if you have been in treatment longer than ninety days.

INVOLUNTARY TERMINATION

The following will result in immediate termination from the Clinic:

1. Registration in more than one program
2. Sale of medication
3. Selling drugs on clinic premises
4. Possession and use of alcohol or drugs on clinic premises
5. Repeatedly intoxicated with alcohol or drugs when coming into the facility
6. Violence or threats of violence to clinic staff and/or clients
7. Possession of weapons on clinic premises
8. Altering UA specimens for drug analysis
9. Non-payment of fees
10. Incarceration (Case by case determined by treatment team)

Repeated intoxication may lead to dose withholding, reduction, or administrative tapering for discharge.

VOLUNTARY TERMINATION

You may terminate participation from treatment at any time. If you would like to terminate, you should inform a staff member and your counselor. An appropriate medical staff member will develop a plan for a medically supervised withdrawal with the participation of the client.

1. The physician initiates voluntary medically supervised withdrawal from medication-assisted treatment in collaboration with and at your request.
2. The physician will evaluate the need to provide inpatient detoxification so treatment can be matched to the client's need and preferences of the client.
3. Careful review of the risks and benefits of detoxification shall be provided and thorough informed consent obtained from you.
4. In initiating voluntary medically supervised withdrawal, the physician reduces dosages of medication at a rate well tolerated by you and in accordance with sound clinical judgment and close observation of the client.
5. Because of the risk of fatal overdose if relapse occurs, medically supervised withdrawal services should be accompanied by:
 - Relapse prevention counseling
 - Increased counseling prior to discharge and encouragement to attend a 12 step or other mutually helpful program sensitive to the needs of clients receiving medication assisted treatment.
 - Overdose prevention education
 - Naloxone prescription
6. Strategy to transition to medication-assisted treatment with antagonist or agonist therapy if needed.
7. For women with childbearing potential, the physician conducts an assessment for pregnancy and reviews the results of a pregnancy test before initiating medically supervised withdrawal.
8. For pregnant clients, the physician should not initiate withdrawal before 14 weeks or after 32 weeks of gestation.

VOLUNTARY TERMINATION...Continued

9. When the client experiences intolerable withdrawal symptoms or actual or potential relapse, the physician should consider halting the withdrawal process and possibly restoring the client to a previously effective dose.
10. Client and physician together may decide that an additional period of maintenance is necessary before further medically supervised withdrawal is attempted.
11. The program must keep the physician or agency providing prenatal care for the client informed and consistent.
12. Withdrawal against medical advice: If you request voluntary medically supervised withdrawal from medication-assisted treatment you will gain the medical advice of the physician or credentialed program staff.
13. You have the right to leave treatment when you choose to do so.
14. You will be required to sign an Against Medical Advice (AMA) form.
15. The program must fully document both the issue that caused you to seek discharge and the steps taken to avoid discharging you as well as the circumstances of the readmission as well as a refusal to sign the AMA form.
16. Voluntary tapering and dose reduction:
 17. The rate of withdrawal can be increased or decreased based on your responses.
 18. You might request blind dosage reduction; blind dosage reduction is appropriate only if requested by you. It is inappropriate to withdraw you from medication without your knowledge and consent.
 19. MARC staff shall disclose dosing information unless you have given informed consent and have requested that providers not tell you your dosage.

VOLUNTARY TRANSFERS

Voluntary transfers may be made by your request anytime (unless you are locked in or out status). Transfers need to be made two weeks or more in advance to insure proper communication between the accepting clinic and Health Solutions MARC. A Release of Information with your signature will be required before a transfer can be made if records are to be sent. Not giving proper notice may result in delays in transferring that could result in missed dosing or extra expense due to extended guest dosing.

ADMINISTRATIVE TRANSFERS

You may be transferred against your wishes if it is determined that the level of treatment is no longer meeting your needs. You may also be transferred if your behavior is considered to be unacceptable by the MARC standards but you do not meet the criteria of an Administrative Discharge.

LOCK IN LOCK OUT PROCEDURE

You may be locked in or out of treatment at the MARC with mutual agreement of the State Methadone Authority.

1. A lock in will not allow you to transfer to another clinic. This would be used in cases where you would receive better continuity of care by not transferring from clinic to clinic.
2. You may be locked out of treatment due to poor clinic behavior, multiple registrations in other clinics, and violence against clients or staff.
3. You may be locked out or in for a specific amount of time or permanently.

CONFIDENTIALITY OF CLIENT RECORDS

Protection of client privacy is of paramount importance to Health Solutions. It is the policy of Health Solutions that a notice of privacy practices must be published. Federal and state laws protect the confidentiality of your client records maintained by Health Solutions. Staff will not divulge or confirm your treatment status to any person or entity, nor disclose any information identifying you as having associated alcohol or drug abuse problems, unless:

1. You consent in writing
2. The disclosure is allowed by a court order signed by a judge
3. The disclosure is made to medical personnel in a medical emergency or to qualified staff
4. For research (with permission), audit or clinic evaluation purposes
5. Federal and state laws require "Duty to Report" information about suspected child abuse or neglect, and/or elderly abuse, and the clinic staff will adhere to these regulations. Suspected violations must be reported.
6. Federal laws and regulations do not protect information about a crime committed by you or any threat to commit such a crime.
7. A grievance or law suit is filed against the clinic, its staff or investors with the state or other legal entities.

Health Solutions shall maintain one official electronic health record (EHR) per client and the paper medical record shall follow the record keeping requirements of the federal Drug Enforcement Administration, Code of Federal Regulations (Title 21, Food and Drugs, Part 1304) to ensure compliance with the requirements in Title 12, Article 42.5, Part 1, C.R.S.; no later editions or amendments are incorporated. These regulations are available from the U.S. Department of Justice, Drug Enforcement Administration, Office of Diversion Control or the Colorado Department of Human Services, Office of Behavioral Health or at any state publications depository library. Health Solutions shall also keep inventories, records, and reports that are required by any other state or federal law or standard regulating controlled substances.

CLIENT RIGHTS

Health Solutions' Opioid Treatment Program shall observe, and make public, the following rights of each client for whom treatment services are being provided. Each client shall have the right:

1. To be treated with respect and dignity;
2. To receive services which are suited to individual needs, in the least restrictive setting in keeping with available resources;
3. To have a service plan established and to participate in the decision-making process in developing the service plan; to have the service plan reviewed every 90 days by the clinical staff assigned to supervise and implement treatment;
4. At their request and expense, clients have the right to request a second opinion if they disagree with their service plan; Medicaid recipients have the right to receive a second opinion about their care or diagnosis at no expense to them. Medicaid recipients may call the Access to Care Line at 1-800-804-5008 to initiate the second opinion process;
5. To have an explanation of their diagnosis and treatment in understandable terms which includes an explanation of the illness, symptoms, estimated length of care, to be told about any benefits, risks and possible side effects of any recommended services, procedures, or medications, plus any alternative treatment options;
6. To refuse services unless an emergency exists or a court order is in effect;
7. To have treatment and clinical records kept confidential except when release of such information is authorized by law, or by the client;
8. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation; To inspect records or have them shown to any person designated in writing according to Colorado law; if denied access to records, the right to know why and the right to appeal the decision; The right to express opinions about their mental health services to regulatory agencies, legislative bodies, or the media without any adverse effects on their services
9. To complain or grieve about the services, or about the denial of services or treatment rights, and that no retaliation can be made for complaining;
10. To receive assistance from the Client and Family Advocate in making complaints or grievances and to receive copies of the complaint/grievance procedures;
11. To be given the names and professional status of the staff members responsible for care;
12. To be given notice for a proposed change in the clinical staff responsible for care. Health Solutions must make a good faith effort to provide a written notice (the notice should inform the client how to choose a new provider and how to get assistance in doing so) of termination of its staff to include clinicians, case managers, and psychiatrists (it does not apply to residential staff);
13. To terminate the receipt of services from the organization unless there is an involuntary treatment order from the court; that the organization has the right to terminate the provision of services;
14. To have a staff person explain these rights in a language the client understands best;

CLIENT RIGHTS...Continued

15. To retain an attorney or to have one provided by the courts;
16. To have provided the name, business address, business phone number, degrees, credentials and licenses of the primary therapist or any other therapist who is providing therapeutic services;
17. To be informed that the practice of both licensed and unlicensed persons and certified school psychologist in the field of psychotherapy is regulated by the Department of Regulatory Agencies and to be informed of the address and phone number of The State Grievance Board;
18. To be informed that sexual intimacy between client and therapist is never appropriate and any such violation should be reported to The State Grievance Board and to the Compliance Manager.

Furthermore:

Parents or guardians of clients under fifteen years of age shall have the right to accept or refuse treatment on behalf of their child, and a child under fifteen years of age shall not be treated without the permission of his/her parent or guardian, except in case of emergency.

You will be billed on the basis of a signed fee agreement establishing charges and third party payers, if any.

Client satisfaction or other follow up surveys or interviews will be conducted only with the client's permission.

All research projects involving human subjects or their clinical records shall be subject to review and approval and investigators and staff involved in the research project shall adhere to U.S. Department of Health and Human Services regulations (45 CFR 46) and other applicable law and regulations regarding client rights. All research, except that involving aggregate information from existing data sources, shall require informed client consent. Such consent can be withdrawn at any time. Research projects involving individual clients must be reviewed and approved by the Chief Clinical Officer who will establish appropriate protocol including a Human Subjects Review committee and informed consent procedures.

You have the right to fair and equal treatment without discrimination. If you feel that they have been discriminated against, you should report the facts to the Program Sponsor Clinic Director I designee in writing. If results are unsatisfactory, a written report should be presented to the Executive Director. Clinic staff will assist you the client in your request to report these facts. The Clinic will routinely review the process in which you are served and may regain your or privileges that have been restricted.

Health Solutions provides a Client and Family Advocate to serve as an advocate for clients. This representative will assist clients in writing grievances or filing formal complaints. Clients will be informed of their rights, and of the process used to appeal violations of rights or to make other complaints about their care.

CLIENT RIGHTS...Continued

The process for making complaints will be posted in each facility. Verbal complaints will be recorded in writing and read back to the person complaining. The Client and Family Advocate will contact the treating program and make sure the complaint is investigated. Should it be impossible to resolve the complaint at the program level, the Client and Family Advocate will assist the client in appealing to Health Colorado (if the individual is a Medicaid recipient), to the Colorado Office of Behavioral Health Services, or to the Department of Health and Human Services, Office of Civil Rights.

ADVANCED DIRECTIVES

In the event you become physically or psychologically incapacitated, Health Solutions' MARC will make every effort to respect a client's preferences. Health Solutions will also assist clients by providing information regarding Advance Directives as well as assisting you in filling out these documents when requested. In anticipation of an expected need for treatment, particularly inpatient care, you may make known your preferences for choice of hospitals, medications, and treatment options using Advanced Directives.

An Advance Directive may also appoint a person other than you to act on your behalf when you are unable to act for yourself. An Advance Directive is designed to improve communication between you and the professional and to smooth one's use of services in critical times. State laws vary (See Colorado Revised Statute-25.5-4-413), and it is possible that all or part of one's Advanced Directives will not be legally binding, particularly when safety issues arise. Many clients, however, have found that an Advance Directive increases the likelihood that behavioral health centers, doctors, hospitals, and judges honor their choices. Health Solutions will make reasonable efforts to follow one's Advanced Directives to the extent allowed by considerations of safety for the client and others, professional ethics, and state and federal law/regulations. You have a right to get care with or without an Advance Directive. Staff members may not coerce you to create an Advance Directive or modify an existing Advance Directive.

GRIEVANCES

Clients, legal guardians or persons representing clients as a designated client representative may make a complaint to the Client Advocate, any staff member of Health Solutions' Medication Assisted Recovery Center (MARC), Health Colorado, the Office of Behavioral Health, and the Ombudsman for Medicaid Managed Care Health First Colorado. A complaint can be taken in person, over the phone or in writing at any time. You may have the assistance of the Client Advocate to clarify the complaint and the desired resolution.

1. You will be given information about your right to complain and the procedures to follow at intake or at any other time the information is requested. Accommodations for the special needs of a client will be provided to offer the information in alternative formats.

GRIEVANCES...Continued

2. All verbal and written complaints about services will be forwarded to the Client Advocate, who will investigate and attempt to resolve the complaint with the Client, Primary Therapist, Supervisor, or other involved party.
3. If the matter cannot be resolved through Health Solutions, Client Advocates and/or others within the Office of Behavioral Health may be contacted to help reach a resolution.
4. If the complaint is not resolved by the above methods, you will be notified of your right to a review by the Department of Health Care Policy and Finance or Colorado Office of Behavioral Health.
5. You can contact the Office of Family and Client Affairs at the Office of Behavioral Health, in writing.
6. The Client Advocate is available to assist all Medicaid clients in filing an appeal. Complainants may request a State Fair Hearing through HCPF at any time during the complaint process, but you are encouraged to first exhaust all local procedures so that you receive the full benefit of a thorough consideration of your complaint.

Non-Medicaid clients do not have access to a State Fair Hearing. It may be necessary to disclose a limited amount of information about their health care case to these agencies so that their complaint may be resolved. It will be our practice to request the client's written authorization before disclosing such information.

7. Complaints are to be kept confidential and are not to be documented in the clients chart or electronic health record.
8. You will not receive adverse treatment or disciplinary action for filing a complaint.

Complaint files are retained for a minimum of ten (10) years in order to comply with the documentation standards of the State Medicaid rules.

CIVIL RIGHTS

It is the policy of Health Solutions MARC to make available discount services to those in need. Health Solutions MARC does not and will not discriminate because an individual is unable to pay, or because the payment for services would be made under Medicare, Medicaid, or Children's Health Insurance Program (CHIP).

Health Solutions MARC prohibits discrimination in providing services on the basis of age, disability, nationality, marital status, color, race, ancestry, ethnicity, religion, creed, religious beliefs, gender, gender expression, gender identity, genetic information, sexual orientation, socio-economic status, physical abilities, political beliefs, or military status in our provision of service, activities and operations.

Certain complaints may also be filed directly with:

Office of Civil Rights

U.S. Department of Health and Human Services

200 Independence Ave., S.W.

Room 509F, HHH Building

Washington, D.C. 20201

1-800-868-1019

1-800-537-7697 (TTD)

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>

From the date of violation of civil rights, you have a maximum of 180 days to file a written complaint.

COURT APPEARANCES

MARC staff is not permitted to accompany you to court appearances, unless mandated by a court order. However, upon request, MARC staff may give a written status report (with proper Consent from you) on your progress in treatment.

DE- ESCALATION PROCEDURES

The MARC staff will address situations that involve disruption or aggressive act(s) exhibited by clients, family members, staff and/or significant others. Staff will intervene on all assault, aggressive, disruption or self-destructive behavior.

1. Verbal de-escalation techniques will be attempted In order to change a disruptive behavior.
2. The staff will call other staff , or authorities to maintain or re-secure the safety of Clients and others .
3. The disruptive person will be given a consistent message by staff that the behavior is an unacceptable way to handle feelings .
4. The staff will offer alternative methods of handling feelings.
5. The threatening of staff or clients will be dealt with calmly while informing the client that their behavior will not be accepted or tolerated.
6. Should a client or other person physically attack someone, call 911 for police assistance.
7. As soon as possible, the MARC Supervisor and Program Sponsor are to be notified
8. Further assessment may indicate need for :
 - Contacting appropriate emergency services if client or other person(s) need medical health assessment or admission .
 - Mental health referral may be needed.
 - An incident report is to be completed, and, after review by appropriate persons will be placed in the incident report log book.
 - Clients who are discharged or removed from the program due to aggressive or assaultive behavior must be provided with follow-up and/or referral for alternate treatment within 72 hours post discharge.

THANK YOU

This handbook was written as a guide to help you navigate the process of being a client at Health Solutions MARC. It does not cover all situations and processes. There are many state and federal mandates that we must follow that are not included in this handbook. If you have any questions as to what these mandates are, please feel free to ask your counselor for more details.

The policies in the handbook are subject to change and we will do our best to inform you of any changes well in advance.

It is our goal to give you the most professional services that we possibly can at the most affordable cost. We know that you work hard to be here and it is our goal to give you high quality customer service. You should always feel respected and welcome at the MARC. We want this to be a positive experience for you and if it is not we want to fix what is wrong.

We won't say good luck because luck doesn't have much to do with your success in recovery, so we will say lots of hard work to you, and we are right beside you to help. The path that you are taking is not an easy one, but if you are honest and painstaking about it then you are well on your way to the best decision you have ever made. We are here to hear your story, this is your time to accept the gift of a life renewed.

